U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	2. Fiscal Year Covered From:			
	7/7/04 Through: 72/31/04			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name JEFFREY T VOCT	Name NE. STATE LEGISLATIVE BD- BLET			
	Labor Organization File Number 023.067			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 301 W. JENNIFER DR	Street 301W. JENNIFER DR			
City LINCOLW	City (UNCOLN)			
State NE ZIP Code + 4 68501-9	352 State NE ZIP Code + 4 (2852) 455			
5. Position in labor organization. SECRETARY / TRIAS	SUPE C			
s. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	n, or derived income or other economic benefit of lization represents or is actively seeking to represent.			
"女子","一""一""我们,我们就是我们的,我们就是一个的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是我们的一个人的,我				
Name				
Name Trade Name, if any:				
Trade Name, if any:	7.b. Amount.			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
P.O. Box, Bldg., Room No., If any Street	7.b. Amount.			
P.O. Box, Bldg., Room No., If any Street	7.b. Amount.			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	Signature			
P.O. Box, Bldg., Room No., if any  Street  City  State.  ZIP Code + 4  15. Signature and verification. The undersigned declares, under penalts submitted in this report (including the information contained in any accomme	Signature  ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the			
P.O. Box, Bldg., Room No., if any  Street  City  State.  ZIP Code + 4  15. Signature and verification. The undersigned declares, under penalt	Signature  ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing		File Number U-	
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or i (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the bus s actively seeking to represent or indirectly to, or otherwise	iness	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Orga	nization	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such d	ealing.	STORAL IS A STORAGO AND SOCIAL PROPERTY OF THE STORAGE AND SOCIAL SECURIOR OF SOCIAL PROPERTY OF THE
Name		District Configuration	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar	value of such dealing.	
City	12.a. Nature of interest	held or income received.	
State ZIP Code + 4			
	12.b. Amount.		0
C. Received from any employer (other than an employer covered			
or from any labor relations consultant to an employer any payment of me 13.a. Name and address of Employer or Labor Relations Consultant	oney or other thing of value.  14.a. Nature of payment		
(including trade name, if any):			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		and the state of t	in the first of the second second
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of paymen	t [	0